

Screening for Obstructive Sleep Apnea (OSA)

- **Do you snore?**
- **Are you excessively tired during the day?**
- **Have you been told you stop breathing during sleep?**
- **Do you have a history of hypertension?**
- **Is your neck size > 17in (male) or > 16in (female)?**

“Yes” to two (or more) of these questions is a positive screen for OSA; physician should consider referral to sleep lab.

Screening for Central Sleep Apnea/ Cheyne-Stokes Respiration (CSA/CSR)

Patient Profile

- NYHF class III, IV / LVEF below 40%
- Atrial Fibrillation
- PaCO₂ < 38mmHg
- Cheyne-Stokes Respiration occurs during exercise stress test

If the patient meets one (or more) of the above conditions, continue with patient screening questions below.

- Have you experienced shortness of breath while lying flat on your back at night?
- Have you experienced a racing heart rate in the middle of the night?
- Do you regularly require long naps during the day?

**“Yes” to one (or more) of these questions
is a positive screen for CSA/CSR;
physician should consider referral to sleep lab.**